

# **Governor's Office of Diversity Business Enterprise**

## **Coordinated Business Opportunity Program**

### **INTRODUCTION**

**T**he Coordinated Business Opportunity Program encourages minority, woman owned and small businesses interested in the State of Tennessee procurement opportunities to register with the Governor's Office of Diversity Business Enterprise.

### **REGISTRATION AND ASSESSMENT**

The Governor's Office of Diversity Business Enterprise will register and assess firms. Responses to each of the questions are necessary in order to provide you with proper assistance.

### **PROCESS FOR CLAIMING STATUS AS A DIVERSITY BUSINESS ENTERPRISE**

The process for claiming status as a Diversity Business Enterprise is designed to verify the eligibility of businesses claiming status as a minority, woman owned or small business. The business must submit documentation with their completed registration form that supports its claim of minority, woman owned or small business status to the Governor's Office of Diversity Business Enterprise. All required supporting documentation must be submitted within thirty (30) days of initial receipt of registration. The information submitted by the business, together with supporting documents will be reviewed and verified by the Governor's Office of Diversity Business Enterprise.

Businesses that are certified by the U.S. Small Business Administration 8a Program, Minority Purchasing Councils, Airport Authorities, State Department of Transportation, Metro Transit Authorities and Uniform Certification Agencies, are required to complete the attached form and provide a copy of current certification status. Businesses that are **not certified** with any of the above agencies should complete the attached form; include all requested information and all documentation. The form is required to be notarized and signed by principle owner of the business.

Businesses who meet the requirements for claiming status as a Diversity Business Enterprise will be notified by letter. Businesses unable to provide information that supports their claim as a Diversity Business Enterprise will also receive notification by letter.

***NOTE: The Governor's Office of Diversity Business Enterprise reserves the right to verify ownership and management control of businesses claiming status as a minority, woman owned and small business enterprise. Failure to provide accurate and true information will result in denial of status as a minority, woman owned and small business enterprise. Partnerships and corporations presenting minority or woman ownership at 51% may be interviewed to determine management/control responsibilities of the business.***

### **REQUEST FOR ADDITIONAL INFORMATION**

In some cases additional information or documents may be needed to verify the business status. Businesses may be asked to provide information including but not limited to information provided in Sections IV & V of the Diversity Business Enterprise Registration form.

**GENERAL INSTRUCTIONS  
FOR COMPLETING  
THE DIVERSITY BUSINESS ENTERPRISE REGISTRATION FORM**

**Please Print Clearly and Legibly  
Please use black or blue ink to complete this form**

**Complete each block with the information indicated below:**

**SECTION I – GENERAL BUSINESS INFORMATION**

1. **COMPANY NAME:** Enter the name under which you legally do business. The name that you designate as the name of your organization must be the same as the name that you list on bids or other legal documents with the state, and the name recorded with the IRS.
2. **COMPANY ADDRESS:** Please enter the exact mailing address of your organization in the appropriate location. You must also complete the telephone/fax number (include area codes and any extensions). Enter business Email ID and/or Website Address.
3. **COMPANY CONTACT:** Enter the name, position, and phone number of the person in your organization who will serve as your main representative to the Governor's Office of Diversity Business Enterprise. You must also complete the telephone/mobile number (include area codes and any extensions). Enter your business Email address.

**SECTION II – BUSINESS ASSESSMENT/NEEDS ANALYSIS**

4. **LEGAL STRUCTURE OF BUSINESS:** Indicate if the business is a "Corporation," "Partnership," or "Sole Proprietorship" and the date the business was established. If incorporated, indicate in what State the incorporation papers are filed.
  - **Sole Proprietorship:** A non-incorporated firm or business owned by an individual. If the business is a sole proprietorship place a mark in the block next to sole proprietorship.
  - **Partnership:** A non-incorporated firm owned by two or more persons or entities. If the business is a partnership place a mark in the block next to partnership.
  - **LLC:** A legal entity that has the option of being taxed like a partnership, but shields personal assets from business debt like a corporation. If the business is a LLC, place a mark in the block next to LLC.
  - **Corporation:** Owned by one or more stockholders and which has filed for incorporation status in the United States. If the business is a corporation, place a mark in the block next to corporation.
  - **Joint Venture:** Two or more persons entered into a single effort; partners working together for mutual benefit. If the business is a joint venture, place a mark in the block next to joint venture.
  - **S Corporation:** Subchapter S Corporation is a corporation that has elected a special tax status with the IRS. Subchapter S Corporations are most appropriate for small business owners and entrepreneurs who want to be taxed as if they were sole proprietors or partners. If the business is an S Corporation, place a mark in the block next to S Corporation.
5. **BUSINESS HISTORY:** Please indicate the number of years the business has been in existence, the original date business was established, date business was incorporated and whether the business was an acquired existing business.
6. **TYPE OF BUSINESS ACTIVITY:** Mark the appropriate business category from the definitions below:
  - ☐ **AGRICULTURE, FORESTRY OR FISHING**  
Establishments primarily engaged in growing crops, raising animals, harvesting timber, and harvesting fish and other animals from a farm, ranch, or their natural habitats and may perform one or more activities associated with farm operation, such as soil preparation, planting, harvesting and management on a contract or fee basis.
  - ☐ **CONSTRUCTION SERVICES**
    - **CONSTRUCTION:** A firm engaged in the building of roads, building, airports, railroads, harbors, and related items.
    - **ARCHITECT/ENGINEER:** The service of architects and engineers whose services are customarily negotiated because of the individuality of those services and because they do not lend themselves to a fixed price bid.
  - ☐ **RETAIL TRADE**
    - **RETAILER:** A firm that sells to the general public.

☐ **MANUFACTURING**

- **MANUFACTURER OR PRODUCER:** A firm, organization or individual who (1) controls the design and production of an item, (2) produces an item from crude or fabricated materials or (3) assembles materials or components, with or without modification into more complex items.
- **DISTRIBUTOR:** A firm, organization or individual who acquires goods from the manufacturer or producer for resale to a dealer, retailer or ultimate consumer. A distributor may sell goods from his inventory, from a consignment inventory in his possession, or may sell for shipment to be made directly from the manufacturer's stock.
- **DEALER:** A firm, organization or individual who acquires goods from a distributor for resale to the ultimate consumer.

☐ **WHOLESALE TRADE**

- **WHOLESALE:** A firm that sells to a retailer.

☐ **SERVICE INDUSTRY**

- **SERVICE ESTABLISHMENT:** A firm, organization or individual whose primary business is to (1) provide skilled tradesmen to perform maintenance, repairs or renovation to customer owned equipment or properties, (2) provide skilled and competent personnel to: (a) produce set of articles for a particular use, (b) provide beneficial information, (c) perform technical or professional tasks.

☐ **CONSULTING**

A firm that provides professional advice or services based on specialized education or training, and proven experience.

- **PROFESSIONAL SERVICES:** The service of attorneys, physicians, engineers, consultants and other recognized professional individuals, associations, corporations, and groups whose services are customarily negotiated because of the individuality of those services and because they do not lend themselves to a fixed price bid.

7. **SPECIFIC PRODUCTS, GOODS OR SERVICES:** Please indicate clearly what specific products, goods or services your company desires to provide to the State of Tennessee.
8. **WORKFORCE:** Enter the number of full-time employees who work directly for the business. Full-time employees are paid directly by the business. Do not include contract labor. List the names and titles of your key personnel.
9. **BUSINESS LICENSE:** Enter the name of city and state licenses held by your business, including business license number.
10. **CONTRACTOR LICENSE:** Enter the name of city and state licenses held by your business, including contractor license number.
11. **FEDERAL ID NO.:** If the business is incorporated, enter your "Federal Identification Number."  
If an individual, enter your "Social Security Number."

**This is the key to your file. Please provide only one of the number types, and indicate in the box provided which type of number it is.**

12. **ANNUAL SALES:** Indicate in the appropriate space your total annual gross sales for the last three calendar or fiscal years.
13. **TYPE OF INSURANCE COVERAGE:** Please indicate the type of insurance carried by the business.
14. **NAME OF INSURANCE COMPANY:** If applicable, please provide the insurance business name, address, telephone number and contact person.
15. **NAME OF BONDING COMPANY:** If applicable, please provide the bonding business name, address, telephone number and contact person.
16. **BONDING INFORMATION:** If applicable, please provide your business bonding limits per job, total bonding, bonding rate and bid amount limit.
17. **LIST NAME OF MAJOR DIVERSITY PROJECTS:** Please list all major projects you have participated in as a diversity business including dollar value and year.
18. **REFERENCES:** Please list clients for which you have engaged in business opportunities including business names, addresses, telephone numbers and contact persons.

### **SECTION III- COMPANY OWNERSHIP AND MANAGEMENT CONTROL**

**19. PLEASE SELECT ONLY ONE BUSINESS CATEGORY.**

**IF QUALIFIED FOR MULTIPLE SELECTIONS, ONLY ONE SELECTION IS ALLOWED.**

**BUSINESS IS APPLYING AS:** *Minority Business Enterprise, check this box if you are claiming status as a minority business owner.*

**BUSINESS IS APPLYING AS:** *Women Business Enterprise, check this box if you are claiming status as a woman business owner.*

**BUSINESS IS APPLYING AS:** *Small Business Enterprise, check this box if you are claiming status as a small business owner.*

Businesses claiming status, as **minority business enterprise** must be at least 51% owned and controlled by member(s) of an ethnic minority group.

Businesses claiming status, as **women business enterprise** must be at least 51% owned and controlled by females.

A **minority** and/or **women business enterprise** may be Native American, Asian American, African American, or Hispanic American.

A **women business enterprise** may be non-ethnic.

- 20. NAME OF OWNERS/PARTNERS/OFFICERS:** Businesses claiming status as minority, woman owned or small business will provide for each owner, partner and officer their name, title, gender, ethnic race, citizenship, years owned, voting and ownership percentages, number of shares, cost of shares, and types of shares. Please attach additional pages as needed.

### **SECTION IV – REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A SMALL BUSINESS ENTERPRISE**

- 21. ANNUAL SALES AND NUMBER OF EMPLOYEES:** Businesses claiming status as a small business will provide the annual sales volume and number of employees for their industry.

### **SECTION V – REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A MINORITY OR WOMEN BUSINESS ENTERPRISE**

- 22. MINORITY OR WOMEN STATUS OF PERSONS WHO OWN AT LEAST 51% OF THE BUSINESS:** Please submit the requested documents or other documentation that substantiate the business claiming minority or woman owned status for each owner.
- 23. OWNERSHIP INTEREST IN BUSINESS:** Please submit the requested documents or other documentation that prove ownership in the business.
- 24. PRIMARY LOCATION OF BUSINESS:** Please submit the requested documents or other documentation that establish location in your state of business.
- 25. PERMANENT RESIDENT ALIEN STATUS OF OWNERS:** Please submit the requested documents or other documentation that establish U.S. citizenship for each owner.

### **SECTION VI – TECHNICAL ASSISTANCE**

- 26. REQUESTED ASSISTANCE:** On a separate sheet of paper, please provide in detail an explanation of requested assistance.

### **AFFIDAVIT**

- 27. AFFIDAVIT:** Read carefully and the principle owner should sign. You must also have the document notarized and witnessed.

### **CHANGES IN STATUS**

Changes in the applicant's status (owner, management, officers, stock sales/purchases, etc.) after verification has been authorized, may impact on the applicant's eligibility as a Diversity Business Enterprise under these requirements. Such changes must be communicated by the applicant in writing to the Governor's Office of Diversity Business Enterprise within ten (10) days of their occurrence. Failure to communicate such changes as required herein shall constitute grounds for discontinuing status as a Diversity Business Enterprise.

### **REGISTRATION PERIOD**

Initial registration/recognition shall be for a period of one year. However, we may perform a site visit or request additional information to verify the status of a company to ensure that the company is in compliance with the legal definition of minority, women and small business owned, at any time during the recognized period.

1. Renewal of registration or recognition should be submitted to the State of Tennessee Governor's Office of Diversity Business Enterprise not less than sixty (60) days prior to the date of expiration of the existing registration/recognition.
2. Registrations submitted for renewal shall meet all of the original requirements for claiming status as minority, women and small business enterprise.